

Armed Forces College of Medicine AFCM



Neoplastic Diseases of ach

Dr. Riham Abu-Zeid Prof. of Pathology



INTENDED LEARNING OBJECTIVES (ILO)



By the end of this lecture you will

- Classify gastric tumors
- Summarize pathology and complications of most common gastric tumor (adenoma/gastric carcinoma)
- Compare gastric malignant ulcer and peptic ulcer
- Describe pathology of other gastric tumors (lymphoma /GIST/Carcinoid)
- Classify causes of hematemesis.
- Correlate pathologic features of neoplastic gastric lesions with their clinical picture and complications

Lecture Plan



- 1. Part 1 (10 mins): Classification of gastric tumours & gastric
 - adenoma
- 2. Part 2 (20 mins): Gastric carcinoma
- 3. Part 3 (15):Gastric lymphoma –carcinoid –GIST
- 4. Lecture Quiz (5 min)

Gastric Tumours



Benign

Adenoma
Leiomyoma
Gastrointestinal
stromal tumor
.(GIST)
Others

Malignant

.Carcinoma Lymphoma .GIST .Carcinoid .Sarcoma

Benign Gastric Tumours



Adenomatous polyp:

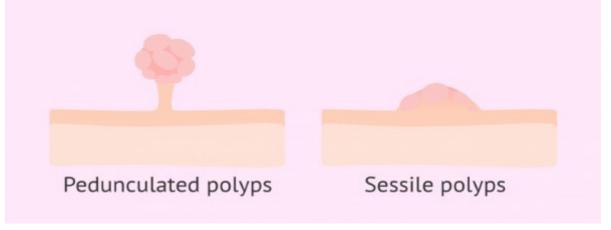
Gross: Sessile, pedunculated.

Microscopic:

Proliferated glands showing dysplasia.

Effects:

- 1-Precancerous
- 2-Hematemesis
- 3-Pyloric obstruction.

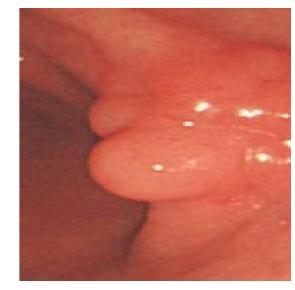


https://www.invitra.com/en/wp-content/uploads/2016/01/types-of-endometrial-polyps-700v333 per



%2F%2Fwww.gastrointestinalatlas.com%2Fenglish %2Fgastric_polyps_ii.html&psig=AOvVaw0Pz3XVyV cnjgUDty2ML1cz&ust=1595485099665000&source GIT & Metabolisn=images&cd=vfe&ved=0CAlQjRxqFwoTCliQwKib4

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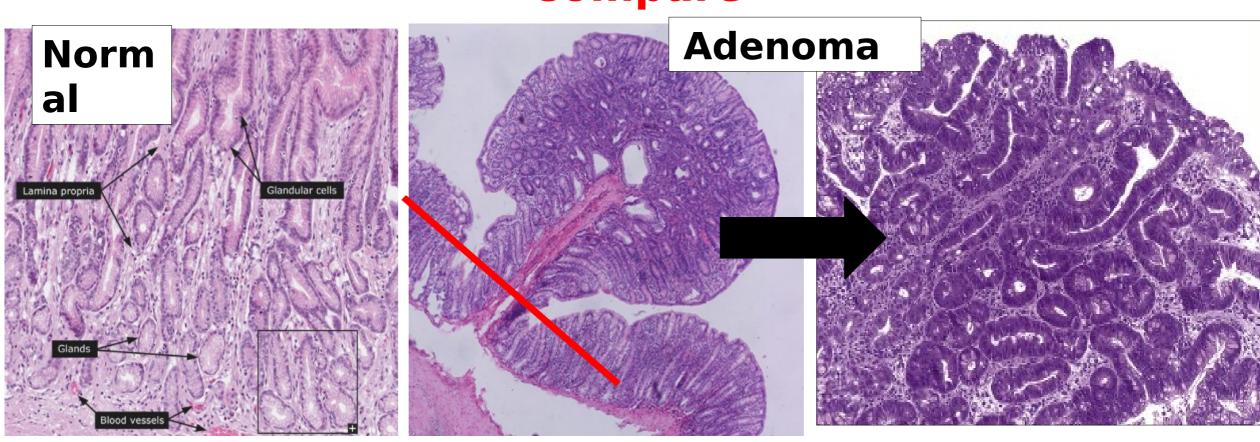
https://www.researchgate.net/profile/ Gregory_Lauwers/publication/24407283/figure/fig2/ AS:267475052920904@1440782430700/Anadenomatous-polypa-An-endoscopic-view-showing-avelvety-surface-b-A-low-power.png

Benign Gastric Tumours



Adenomatous polyp

Compare



Benign Gastric Tumours (Quiz)



Regarding adenomatous polyp, state which of the following is true or false

- It is precancerous
- It doesn't show dysplasia
- It is an inflammatory lesion

Benign Gastric Tumours (Quiz)



Regarding adenomatous polyp, state which of the following is true or false

- It is precancerous
- It doesn't show dysplasia F: It must show a degree of dysplasia at least low grade
- It is an inflammatory lesion F: It is a benign tumour and precancerous



Pdf:

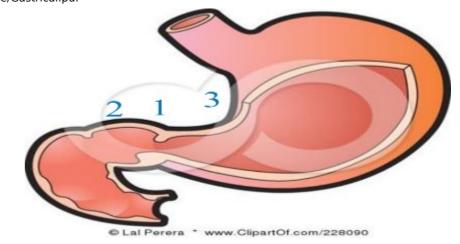
- Chronic gastritis.
- Adenomatous polyp.
- Diet: Smoked and salted foods (Food containing nitrites).
- Gastric peptic ulcer :can give rise to carcinoma in only 1%.

Site:

- 1. Prepyloric
- 2. Pyloric antrum
- 3. lesser curvature



http://www.med.nu.ac.th/Pathology/patho_knowledge/file/Gastrical.pdf





C/P:

- A- Early cases: like those of gastritis.
- **B- Advanced cases:**
 - 1- Hematemesis, Melena and Anaemia
 - 2- Pyloric obstruction>> vomiting
 - 3- Weight loss, anorexia.



https://www.indushealthplus.com/media/article_img/stomach-cancer-signs-symptoms-th





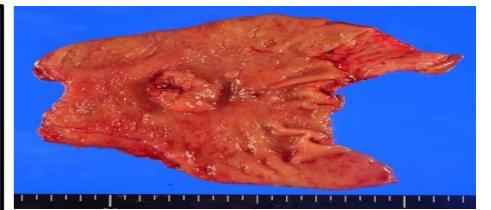
Gross

- Fungating Mass
- Malignant ulcer
- Infiltrating mass:
 - <u>Localized</u>: → Pyloric Stenosis
 - Diffuse: →

https://www.newmedicalterms.com/wp.content/uploads/2016/08

- Thickening of entire gastric wall
- Stomach converted into rigid short tube

<u>leather-bottle stomach= Linitis</u>
<u>plastic</u>
<u>Occurs more v</u>



https://www.intechopen.com/media/chapter/41894/media/image9.jpeg



https://www.intechopen.com/media/chapter/41894/media/image11.jpeg



https://dlyboe6750e2cu.cloudfront.net/i/



shape

lined by cells showing criteria of malignancy

2- Mucoid carcinoma:

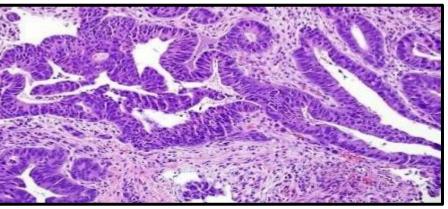
Tumor cells and acini in extracellular mucinous pools (pale blue material) forming >50% of tumour tissue

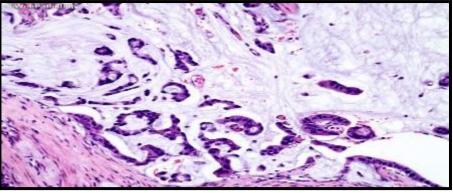
3- Signet-ring cell carcinoma

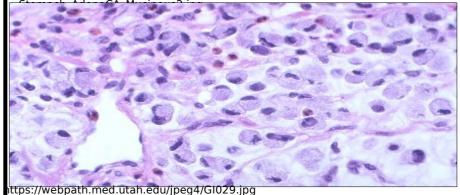
Diffuse infiltration by clear cells with

intracellular mucin and eccentric nucleus

forming >50% of tumour tissue









Spread

- 1- Local direct spread to surroundings.
- 2- <u>Lymphatic</u> spread to:
- a. Regional gastric and distant lymph nodes.
- b. Lymph node metastasis may involve a supraclavicular lymph node
 (Virchow node).
- 3- <u>Blood</u> spread: mainly <u>liver</u> through portal V
- 4- Transcelomic spread in females to both ovaries.



https://clinipedia.files.wordpress.com/2013/08/troisiers-sign-



https://upload.wikimedia.org/wikipedia/commons/b/be/ Krukenberg tumor -1.jpg



Most powerful prognostic indicators <u>:TNM</u> **stage** <u>depends on :</u>

Depth of invasion (T)

Extent of Nodal invasion(N)

Extent of distant metastasis(M)

Gastric Carcinoma (Quiz)



Name these signs that may associate gastric carcinomas

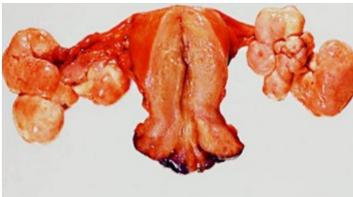
Linitis plastica

Virchow's node

Krukenberg tumor





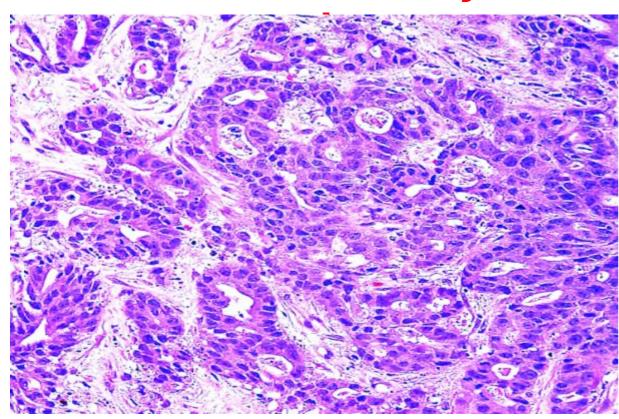


https://d1yboe6750e2cu.cloudfront.net/i/ af627eebb02f3dd6398eeb4b903ed82812190dcf https://encrypted-tbn0.gstatic.com/images? q=tbn:ANd9GcTq0wh_15sg6pP-ApwP6LU1pZ87L9O4JeVcHCS57xsTDuVTRrli&s https://slideplayer.com/slide/10314107/35/images/25/ Krukenberg+tumors+ovary.jpg

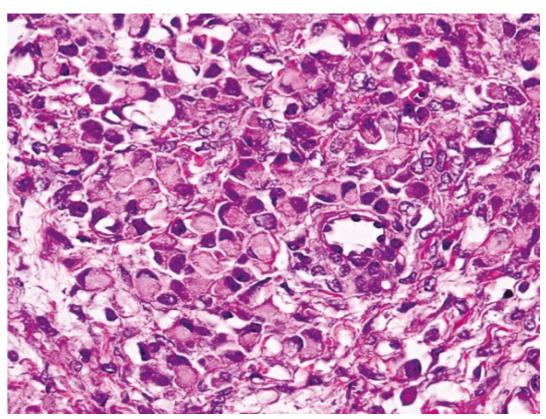
Gastric Carcinoma (Quiz)



Identify these gastric carcinoma



http://www.pathologyoutlines.com/wick/esophagus%20adenocarcinoma%20in %20barrett%20metaplasia%20micro.jpg



https://ars.els-cdn.com/content/image/3-s2.0-B9780443069208500183-gr18.jpg

Adenocarcinoma Signet-ring cell carcinoma.

Chronic Peptic Ulcer Versus Malignant Ulcer

Compare



https://cdn.bitlanders.com/users/galleries/280802/ Stage_Iv_Gastric_Cancer-3_fa_rszd.jpg

Malignant Ulcer



https://upload.wikimedia.org/wikipedia/commons/thumb/f/f1/Benign_gastric_ulcer_1.jpg/260px-Benign_gastric_ulcer_1.jpg

Peptic Ulcer

Chronic Peptic Ulcer Versus Malignant Ulcer

	Malignant Gastric Ulcer	Chronic Peptic Ulcer
Margin	irregular	Rounded, oval
Edge	Irregular, everted	Sharp ,clear cut
Floor	Necrotic, hemorrhagic	Clean
Base	Indurated, firm due to tumour invasion.	firm due to fibrosis
Microscopic	Malignant acini, lined by malignant cells with	Debris , fibrin , inflammatory cells, granulation

next 🕨

Gastric Lymphoma

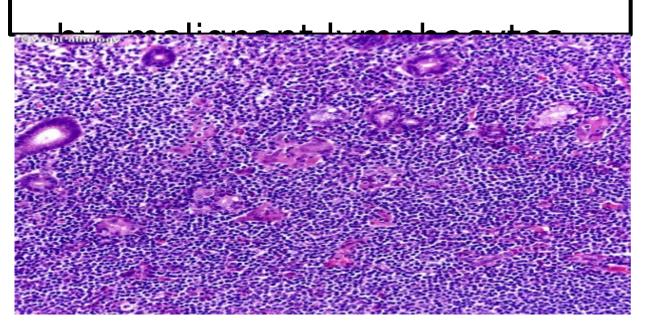


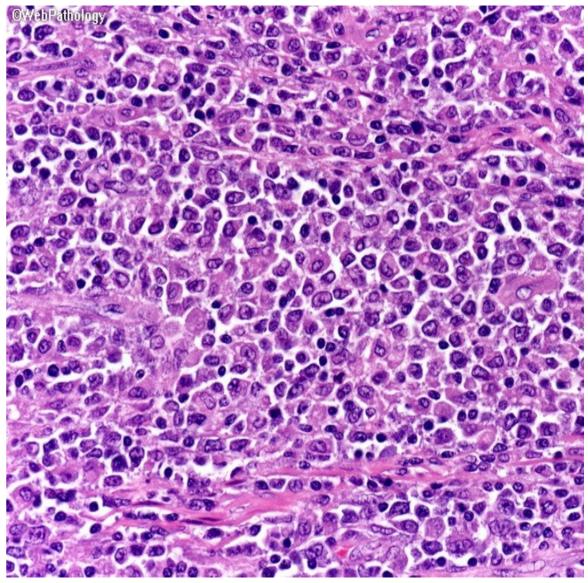
Incidence & Type

Next in frequency after carcinoma

Mic

Diffuse infiltration of mucosa
 & wall





https://www.webpathology.com/image.asp?

Gastro Intestinal Stromal Tumor (GIST)



Nature:

Classified as benign or malignant according to

- <u>Tumor size</u>
- Mitotic activity.

Incidence:

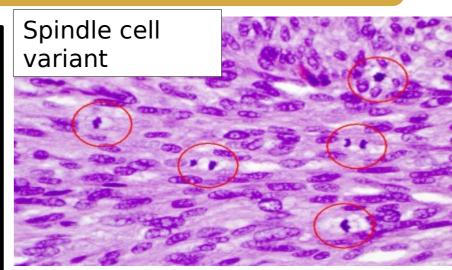
Most common <u>mesenchymal</u> tumor of stomach.

Origin:

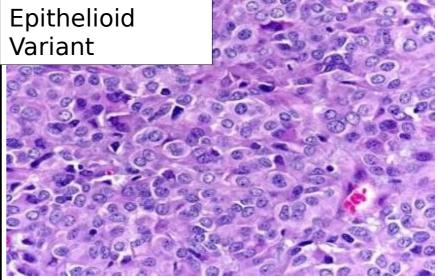
Interstitial cells of Cajal

Mic:

- Submucosa mass
- formed of spindle and /or epithelioid



https://www.gistsupport.org/media/Understanding%20Pathology%20Report/ mitoses-marked-575pix.jpg



https://image.slidesharecdn.com/gistppt-180805184023/95/gastrointestinal-stromal-tumors-17-638.jpg?cb=1533494877

cells

GIT & Metabolism module

Gastric Carcinoid



Origin:

Neuroendocrine cells of GIT (Argentaffin cells)

Gross:

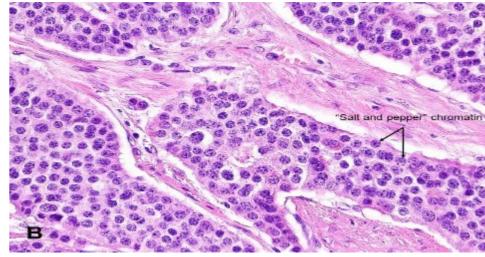
Intramural or intra-mucosal polypoid masses

Mic:

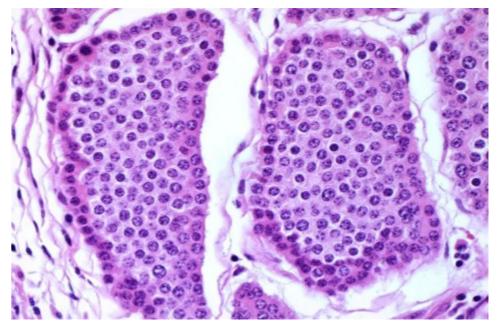
- Islands , glands and sheets of
- Uniform cells
- Granular cytoplasm
- Stippled nuclei
- IHC: Chromogranin

Prognosis depends on

Grade



https://www.auanet.org/images/education/pathology/testis-germ/carcinoid tumor-figureB Big.jpg



https://prod-images.static.radiopaedia.org/images/

Gastric Carcinoid



C/P:

- Carcinoid confined to GIT> 5-hydroxytryptamine or serotonin > Metabolized to inactive form in Liver > No symptoms
- Metstases leads to bypass of metabolism in liver >> produce symptoms

Thus, carcinoid syndrome occurs in less than 10% of patients and is strongly associated with metastatic disease

<u>CARCinoid syndrome symptoms</u>:

- Cutaneous flushing & sweating
- Asthmatic wheezing & Bronchospasm
- Right sided cardiac valvular fibrosis

Gastric Carcinoid

CARCinoid syndrome

taneous flushing & SWEATING



http://encyclopedia.lubopitko-bg.com/images/Patient%20with%20metastatic%20carcinoid%20tumor.jpg

Asthmatic wheezing &



Cramping ,abdominal pain &



http://www.lisleuth.com/images/wheeze.gif

Right sided cardiac valvular



gate01/95/cardiovascular-histology-76-638.jpg?cb=1416231883

Hematemesis



Def: vomiting of blood

Causes:

1. Diseases of the esophagus:

- Esophageal varices
- Carcinoma of esophagus
- Peptic ulcer of esophagus
- Rupture of aortic aneurysm into esophagus.

2. Diseases of the stomach and duodenum:

- Acute and chronic gastritis
- Peptic ulcer
- Gastric carcinoma
- Gastric erosion following ingestion of some drugs e.g. aspirin.
- 3. Generalized disease: such as leukaemia,

Gastric Tumours (Quiz)



A. Gastric carcinoma

B. GIST

C. Carcinoid

- 1. Interstitial cells of Kajal
- 2. Neuroendocrine cells
- 3. Flushing
- 4. Krukenberg tumour
- 5. C-kit positive
- 6. Linitis pastica

Gastric Tumours (Quiz)



A. Gastric carcinoma 4,6

B. GIST **1,5**

C. Carcinoid 2,3

 Interstitial cells of Kajal

2. Neuroendocrine cells

3. Flushing

4. Krukenberg tumour

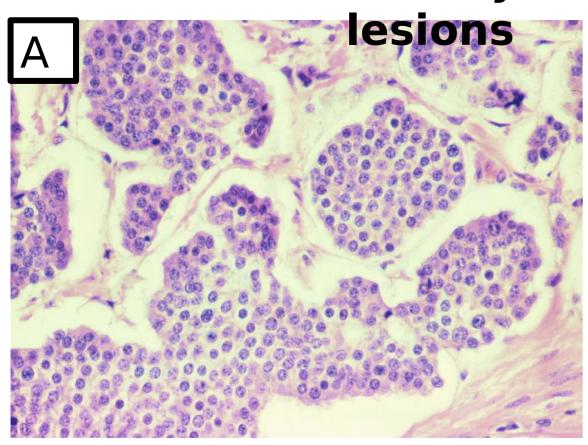
5. C-kit positive

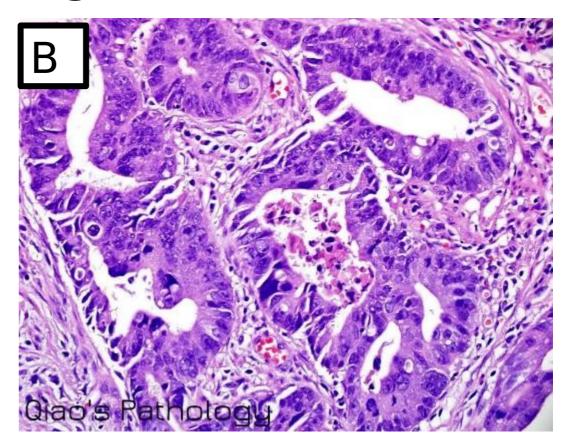
GIT & Metabolism module 6. Linitis pastica

Gastric Tumours (Quiz)



Identify these gastric





Carcinoid

Adenocarcino

Keypoints



- Classification of gastric tumours & gastric adenoma
- Gastric carcinoma :Predisposing factors –gross –microscopic effects and complications
- Gastric lymphoma
- Carcinoid tumour and carcinoid syndrome –IHC
- GIST :origin -morphology -IHC

Suggested Textbooks



Kumar V, Abbas A, Aster J: In Robbins and Cotran

pathologic basis of disease, 10th edition. Elsevier

Saunders. Chapter 16

http://library.med.utah.edu/WebPath/GIHTML/GI020.html

http://www.pathologyoutlines.com/stomach.html

